

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577685

FILING DATE

4-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
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27		2				
28		2				
29		2				
30		2				
31		2				
32	1		1			
33	1		1			
34		1				
35		2				
36		2				
37		2				
38		2				
39	1		1			
40		1				
41	1		1			
42		1				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		1				
54		1				
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						